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PROCEEDINGS OF THE NUTRITION SECTION
of the
REGIONAL EXTENSION CONFERENCE FOR NORTHEASTERN STATES

New York City, March 1 - 3, 1939

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Extension Nutritionists Attending
Northeastern States Extension Conference
New York City, March 1 - 3, 1939

Connecticut:	Mrs. Marion E. Dakin
Delaware:	Pearl MacDonald
Maine:	Leone M. Dakin
Maryland:	Margaret McPheeters
Massachusetts:	May E. Foley
New Hampshire:	Elizabeth E. Ellis
New Jersey:	Marie C. Doermann
New York:	G. Dorothy Williams Anne Matthews Mrs. Linnea C. Dennett Lorna Barber (on leave for study at Columbia University)
Pennsylvania:	Mrs. Portia B. Harvey
Rhode Island:	Myrtle Johnson
Vermont:	Lydia Tarrant
West Virginia:	Mrs. Inez Prudent
Washington, D. C.:	Miriam Birdseye

Mary A. Rokahr, Extension Economist,
Home Management, attended
parts of several sessions of
the Nutrition Section.

REGIONAL EXTENSION CONFERENCE FOR NORTHEASTERN STATES

NUTRITION SECTION

March 1, 1939 - 2:00 to 5:00 P.M.

Chairman: Elizabeth E. Ellis, New Hampshire

Secretary: Pearl MacDonald, Delaware

"DISTILLED FROM EXPERIENCE"

I. Some guiding principles in building nutrition programs.

New York: Program planning should not be the result of just one day's work but rather should evolve from discussions among homemakers throughout the year. In certain counties we have asked homemakers to name and discuss problems of special interest to themselves and to designate the information they wanted to have. Questionnaires, including not more than 5 or 6 questions, were used to secure results of the thinking of the groups. Thus the women felt they had a part in planning the program. This plan took much time, but meant that homemakers worked together, which is one of our aims.

Massachusetts:

Has used the questionnaire in getting information as to program needs, but included more than 5 or 6 topics. Also, women have been asked to secure data like amount of dark bread sold in their community, or condition of children's teeth.

County extension agents have visited schools at lunch time and studied the lunch problem. This led to a study of the food habits of children. Results and figures collected in such ways are used as educational material in other parts of the State.

Groups of homemakers have come in for conference and discussed what has been good in a program and what not so good.

II. "Musts" in implementing leaders for effective service.

New Jersey:

Our great need is for more and better leaders. Leaders chosen must have time to devote to work as well as interest in the topic. It is essential to

provide leaders with right kind of subject matter and illustrative material. In nutrition field, this is often a difficult problem.

To be effective, leaders must carry out in their own lives the nutrition principles they present to others.

It helps to have beginning leaders serve with those who have had experience.

Belief and practice differ in New Jersey counties as to whether leaders shall give all the work back to the clubs or whether they need agent's help.

Vermont: Must give leaders subject matter and needed teaching helps because they have not had the training we have. This means an outline of what they are to give back to their clubs as well as educational material to distribute to club members. Also, suggest illustrative material they can use. It is well to discuss with leaders points that are desired in extension report.

In Vermont leaders are asked what part of the leader training meeting has been most helpful to them. This same question is asked of the club women.

Miss Birdseye:

It is important to discuss with leaders:

Aims and objectives of (a) project as a whole;
(b) each meeting; attitudes to be built around practices suggested for adoption; obstacles likely to be encountered in reaching goals, and whether specific goals can be reached in a short period or require continuous effort over a longer period.

III. Net results of participating in pre-natal and child clinics.

New York: In a limited number of counties the extension nutritionist has visited clinics monthly and discussed foods and feeding problems with mothers attending. Local women have participated in clinics. As a result extension workers are cooperating more closely

with members of State and County Health Departments, and interest of extension groups has widened and community point of view in child health has improved.

Maine: In each community there is a Children's Committee whose function is to arrange for clinics. Public health nurses arrange for the doctors and dentists to help in the clinic.

Extension and health workers are cooperating. Each carries the literature of the other which they distribute as the occasion demands.

Results:

Farm Security families come to the clinics.

Agents and women contact many families with young children who are outside established extension groups. These contacts often result in home visits.

Maryland: State Health Department nutritionist and extension agents are working together in pre-natal clinics and have worked out a series of 4 demonstrations on preparing and using essential foods. Home demonstration agents usually give this series of demonstrations to women attending clinics, but other qualified persons can follow the outlines. Having contacted women attending these clinics, extension agents hope to contact them again.

New York: There is need for training agents in child nutrition and providing them with child guidance material.

Connecticut:

Mothers who visit clinics get help on what they should do for their children. Indications are that women want more help. Connecticut agents are saving a day for home visiting and follow-up.

Miss Birdseye:

Families in the country often need help in garden, poultry and other food production methods, as well as in child feeding.

Massachusetts:

Although nurses are extremely busy people, they do need more education along nutrition lines.

IV. Possibilities in the school lunch program - 1939 model.

Delaware: Through the efforts of the State Health Council, a plan was worked out with the State Board of Health and State Board of Public Instruction to provide a State representative to help the cafeteria managers. The nutritionist of the State Board of Health assists the cafeteria managers with food problems.

Letters on food problems are sent to health chairmen of local P.T.A.'s by the State Health Committee of which the extension nutritionist is a member.

Emphasis is placed on gardens, canning and storing of vegetables. In some districts, parents and children can and store extra vegetables from the home garden to be used for the school lunch.

Health chairmen of home demonstration clubs also work on the school lunch problem.

Miss Birdseye brought out the fact that surplus commodities were being given and used for school lunches. Where this is done, there is no charge to the children for the food. Others in the group knew of such use of surplus commodities.

New Hampshire:

Public Health nurses conduct a series of 6 mother-craft meetings, one of which is on nutrition. This meeting is often contributed by the home agent.

We are trying to create a sentiment in families of club members that their children should carry a good lunch from home or have a hot dish at school.

Connecticut:

Home economics teachers and extension people can work together on the school lunch.

V. Returns from time invested in contacting mothers of young children through:

(a) Cooperation of nurse, Farm Security workers, teachers.

Rhode Island:

Extension agents can reach a larger number of people through such channels, and this is one way to get a well rounded program for the women.

In addition to nutrition, extension workers have helped with recreation, plays, and have called on other agencies like W.P.A. nursery schools and others for help.

(b) Home visits by Extension workers and leaders.

New Hampshire:

Home demonstration agents aim to visit 25 new mothers in each county each year, getting names through the nurses and home demonstration club members.

This plan helps the agents to see and understand how folks really are living.

Some groups are organized after such visits. Agents feel this method is very much worth while.

VI. Developing a long-time cooperative program with State Board of Health.

Delaware: After the Social Security Act was passed, extension nutritionist was loaned for 2 years, half time, to State Board of Health. These years were taken up with acquainting the new people with various agencies and lines of health work in the State. Nurses were trained to notice family nutrition and food supply in making their visits, and to work with school lunch. After 2 years a full time nutritionist was employed (Miss Charlotte Spencer).

In working out a long time program, it is important to define the fields of activity for Board of Health and Extension, to prevent overlapping and confusion.

Nutritionist of Board of Health works (a) with Public Health and School Nurses; (b) assists cafeteria managers with food problems; (c) works in clinics. Board of Health and Extension work together on general lines.

State Health Council and Special Nutrition Committee assist in an advisory capacity. This Committee includes two outstanding pediatricians, extension nutritionist, State supervisory nurse, and Board of Health nutritionist.

New Jersey:

Extension nutritionist and agents have done a great deal of work in the counties through the clinics. Have also given work to public health nurses and supervisors on planning low-cost meals and cooking food groups. Nurses have been invited to State and district nutrition institutes held for agents at the college.

Upon request, the Chair appointed a Committee to formulate procedures in working out a long-time cooperative health program. See Committee report, page 3.

March 2, 1939 -- 3:25 to 4:25 p.m.

Chairman: Elizabeth E. Ellis, New Hampshire
Secretary: Pearl MacDonald, Delaware

RECORDS AND THE FAMILY APPROACH

I. Records that result demonstrators will keep.

1) Better living from the farm -

Maryland: Now using four separate record sheets, for milk, eggs, vegetable garden, food costs. Feels need of simplified records.

Usually have 8 to 10 up to 30 result demonstrations. Demonstrators are not asked to hand in their records, but they discuss results at meetings. The food supply demonstration is a family problem.

Vermont: Has a record sheet which lists foods served each day, as for example, milk to drink, milk dish, etc. The women simply check against the food they have served, without writing in the names of dishes.

Also has a simple work sheet for gardens.

West Virginia:

To save time in keeping records, is having women weigh out servings of vegetables and fruits commonly used for one meal. Then multiply this amount by the number of times that food is prepared monthly.

Question:

Should the money value of home produced food be recorded as retail price at stores or as farm price? Several States are using retail store prices. Miss Rokahr stated that B.H.E.'s practice is to value home grown foods at prices received from or paid

to neighbors - probably somewhat below retail city prices.

Miss Birdseye suggested the desirability of records kept for a short period by a large proportion of the group, to show for example, the amounts and money value of all home-produced food, or of some particular food or foods; or the cost of foods actually purchased. Also the need for records covering the food supply as produced and purchased for a year. These records need to be in simple form.

2) Other records and what they show -

New Hampshire:

Garden specialist estimates amount of product that can be harvested from a given number of feet in row, so that the women know approximately what they produce, and can figure what they have used, without daily weighings. These records show how well their families are fed.

Upon motion, a committee was appointed to study a record form for farm family living, with Miss Tarrant of Vermont as chairman.

New York: Child feeding specialist and agents keep records of children brought to the clinics in which they assist - name, age, weight, height and a record of what child is reported to eat. Clinic mothers do not keep records.

II. The family approach - putting it into action.

1) At the State level -

Maine:

Important to educate the men on the State staff to the value of greater production for home use. Last summer the Extension Director arranged a conference of nutritionist and specialists in home management, agricultural engineering, crops, dairy, poultry and marketing to discuss problem of better living from the farm, areas best to carry on a joint program, and method of procedure

in solving problems. The Conference Committee recommended two separate type-of-farming areas in which to work this year and formulated plan of procedure in the counties.

Connecticut and
New Hampshire:

Reported excellent cooperation from garden specialists.

2) At county level -

New York: At both State and county levels, we need to think of the whole family. In New York State, we have now gotten county extension men and women to understand the whole farm and home program for the county. Later, hope to have an animal, plant and human nutrition training school for all men and women agents.

Miss Birdseye suggested that we link up animal and human nutrition not only with our extension agents and farmers, but with agricultural college students; also get men interested in the food supply problem from health standpoint.

Miss Mathews, specialist for the junior program in New York, believes it desirable to correlate work of 4-H garden unit with home economics. In the State 4-H health program, we work with the Division of Health Education of the State Board of Health to get information into homes. County agents at large help with 4-H Club work especially at program planning time.

West Virginia:

Includes 4-H Club leaders in leader training meetings for adult projects.

3) In the home -

Massachusetts:

One way to interest men in nutrition is through home accounts. Young men seem to be more interested in problems of good food and health habits than older men. An excellent idea is to include both men and women in nutrition conferences.

This will get men on the extension staff interested in vegetable gardening, food and health habits, care of children, etc.

Rhode Island:

A few men are interested in meal planning and how to spend money for best return in food and health. This has led to improved buying habits in their homes.

Child feeding meetings are discussion meetings.

Women are interested not only in gardens but also in beautifying home grounds. This becomes of interest to whole family.

4-H boys and girls are encouraged to take over food problems in the home.

REGIONAL EXTENSION CONFERENCE FOR NORTHEASTERN STATES

NUTRITION SECTION

Friday Afternoon Session

March 3, 1939

Chairman: May E. Foley, Massachusetts
Secretary: Inez Prudent, West Virginia

The afternoon opened with a question hour in charge of Dr. Hazel K. Stiebeling. This discussion, following up the paper/1 presented by Dr. Stiebeling at the general session, was considered so helpful that by general request it is reported practically in full.

Q1. How shall we go about working out a farm family income chart for our State? A chart showing suppositions similar to that shown at the morning session.

A. To get the shadowy background, use farm family income data and plot the percentage of families living on a certain income against the income; then fill in the columns with zipatone, or similar shading. To get the foreground, use figures on expenditures for food and other goods and services, and the value of farm-furnished food by income. The Study of Consumer Purchases of the Bureau of Home Economics will supply facts for certain farm sections.

The Farm Family Income graph "Distribution of Families by Income, and Allocation of Income to Charge in Net Worth, Farm-Furnished Goods, and Expenditures for Living", B.H.E. Chart #38, may be ordered from the Division of Economic Information, Bureau of Agricultural Economics, Washington, D. C., with remittance payable to the U. S. Department of Agriculture (10¢ on blue print paper, 20¢ on black lined paper, size 30"x40").

Q2. Is the sugar allowance in the four diet plans worked out by the Bureau of Home Economics satisfactory for rural families?

A. The basis for figuring the sugar quota was to prescribe an allowance that would bring the calories up to the needed level after the protective foods, and a good many calories from cereals had been allowed for. The cereal products were preferred to sugar because they add protein and other nutrients to the diet as well as energy. Because there is considerable kitchen waste in fats and sugars, the allowance of both in diet plans probably could be increased without increasing the actual physiological consumption. Even

/1 Nutrition in Relation to Farm Income, Home-Production, and Land Use.

though rural families purchase less sugar in the form of canned and baked foods than do city families, and the sugar allowance suggested in Farmers' Bulletin 1757 could be increased somewhat, it probably should not be increased by what would be used both for canning and for baking. When people are well-nourished there is less craving for sweets.

Q3. May an adequate diet be obtained by other food combinations than those in the diets at four levels?

A. Yes. There is no single plan for an adequate diet; many different combinations are possible. Circular 296 was built around a dietary pattern commonly used in this country.

The expensive plans for an adequate diet include more milk, butter, eggs, vegetables, fruits and meats than inexpensive plans for adequate diets because people usually increase the amounts of these foods when more money for food is available. Even the most expensive plan, however, does not suggest quantities so large as to be out of the range of every-day practice.

Circular 507 shows that nonrelief white families having diets graded good consumed quantities of milk, butter, eggs and vegetables between those listed in plans for adequate diet at minimum cost and the liberal diet or high-cost diet. Diets of negro families that were graded good included twice as many dark green leafy vegetables, but only two-thirds as much milk as the diets of white families graded good. The diets of the two groups were about equal in calcium, vitamin A and iron, but the negroes got these essentials chiefly from vegetables, whereas the whites tend to get them indirectly, after animals have translated the green plant foods into animal products.

In a contemplated revision of Farmers' Bulletin 1757 there may be:

- 1) An increase in the allowance of green, leafy and yellow vegetables, with an increased emphasis on those that are really dark green and leafy.
- 2) Definite specifications as to butter or fats reinforced with vitamin A because it is thought that the milk and vegetable allowance cannot be depended upon to furnish enough vitamin A.
- 3) Recommendations that the cereals include some that are especially rich in vitamin B.

Q4. Can a deduction be made in the money allowed for food in consideration of possible economies in purchasing for large families?

A. Packaging and retailing customs in most sections of the country are set up to accommodate families of 4 or 5 persons. In studying the diets of families all over the United States it was noticed that large families spent less per person for food than small families. No economy in their purchasing could be demonstrated; in general, the proportion of poor diets was found to be correspondingly higher.

Q5. How do you approach the farm food supply as a family problem?

A. (Five tables for planning diets used by the Farm Security Administration were presented and discussed - refer to Mrs. Clara V. Thompson, In Charge Home Management Section, Rural Rehabilitation Division, Farm Security Administration or to State Farm Security officials for additional copies).

The minimum cost adequate diet has relatively low quantities of meat and vegetables and a relatively large amount of cereal. The liberal cost diet contains a generous allowance of vegetables and meat, with a relatively small amount of cereal. Somewhere between the specifications of minimum-cost adequate diet and the liberal diet, plans can be arrived at that will suit the purse and physiological needs, with some concessions to the palate.

Diets recommended for farm families by nutrition workers must be adapted to the region and its products. Economize on things that have to be bought or that are expensive or difficult to get.

Of city and village families only about 10% can afford to purchase liberal diets; 25% can afford to purchase moderate cost adequate or liberal diets. The other 75% must seek dietary balance and adequacy at lower levels of expenditure.

Q6. (Miss Birdseye) What effect is the Land Use Program going to have in orienting the work of nutrition specialists? What should be recommended for diets of families on very poor farming land, such as that which constitutes 38% of New York State, exclusive of parks, as shown by Dr. Hart's maps?

A. The "restricted diet" is better than the diets on which more than one-half of our families are living. It is really a "fair" diet. Nutritionists should try to make sure that people have diets at least as good as the "restricted diet". At least 40% of farm families are now living on diets poorer than this.

At \$2.25 a person a week, which seems to be the least amount that city and village families are able to buy an adequate diet for, a family of four would need about \$460 a year for food; if food takes one-third of the income, this would mean a yearly income of about \$1,400. The median income for nonrelief village families is about \$1,200.

Q7. Is it true that if city people would do more cooking and buy less ready-prepared food they could afford to have better diets?

A. Yes, insofar as the money previously spent for processing costs is spent for additional protective foods.

Q8. Does the use of spinach tend to diminish calcium retention?

A. Dr. Icie Macy is authority for the statement that a large serving of spinach does not diminish the retention of calcium of children on a generous diet including plenty of milk even if spinach is eaten day after day.

There is no need to worry about the copper content of the human diet, according to our present knowledge.

Dr. Lela Booher of the Bureau of Home Economics is authority for the statement that the vitamin A requirement depends on whether vitamin A or the provitamin carotene is ingested, since in terms of International Units from 50 - 100% more of pure carotene than vitamin seems to be required. The requirement for vitamin A depends on the size of the body, but on many other factors also. For 5 human subjects it was found to be 25 to 56 (average 40) I. U. vitamin A per kilogram, or 43 - 103 I. U. (average about 70) carotene per kilogram body weight. In U. S. A. in general 60 - 80% of the vitamin A value of the diet is ingested as the provitamin carotene.

For example, if 70% of the vitamin A value is obtained from carotene and 30% from vitamin A itself, perhaps an average of about 60 units per kg. body weight are enough for minimum needs. When 50% is allowed for storage and as a safety factor, the requirement of a 70 kg. man would appear to be 4200 I. U. plus 2100 I. U., or 6300 I. U. of "vitamin A value" daily. Even more vitamin A may be required to keep visual adaptation good in case of infection or excessive using of the eyes.